

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>SUSAN B ANTHONY LIST INC</b>		3. FEC Identification Number <b>C</b> <b>C90011313</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L STREET NW STE 750		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☒ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

MM / DD / YYYY  
02 / 22 / 2012

THROUGH

MM / DD / YYYY  
02 / 23 / 2012

6. TOTAL CONTRIBUTIONS .....

39183.15

7. TOTAL INDEPENDENT EXPENDITURES .....

39183.15

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

FRANK CANNON

FRANK CANNON

02/23/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

# **SCHEDULE 5-A** **ITEMIZED RECEIPTS**

PAGE 2 OF 6

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

<b>A.</b> Full Name (Last, First, Middle Initial) CATHOLIC VOTE.ORG			Date of Receipt		
Mailing Address P.O. Box 2709			<div>MM / DD / YYYY</div> <div>02 / 22 / 2012</div>		
City	State	Zip Code	Transaction ID : F56.000001		
Chicago	IL	60690	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			<div>C</div> <div>10000.00</div>		
Name of Employer			Occupation		

<b>B.</b> Full Name (Last, First, Middle Initial) CAMPAIGN FOR WORKING FAMILIES			Date of Receipt		
Mailing Address P.O. BOX 97163			<div>MM / DD / YYYY</div> <div>02 / 22 / 2012</div>		
City	State	Zip Code	Transaction ID : F56.000002		
WASHINGTON	DC	20077	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			<div>C</div> <div>10000.00</div>		
Name of Employer			Occupation		

<b>C.</b> Full Name (Last, First, Middle Initial) CULTURE WAR VICTORY			Date of Receipt		
Mailing Address 1420 K ST STE 300			<div>MM / DD / YYYY</div> <div>02 / 23 / 2012</div>		
City	State	Zip Code	Transaction ID : F56.000004		
WASHINGTON	DC	20005	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			<div>C</div> <div>10000.00</div>		
Name of Employer			Occupation		

<b>D.</b> Full Name (Last, First, Middle Initial) LET FREEDOM RING			Date of Receipt		
Mailing Address 2207 CONCORD PIKE			<div>MM / DD / YYYY</div> <div>02 / 23 / 2012</div>		
City	State	Zip Code	Transaction ID : F56.000005		
WILMINGTON	DE	19803--290	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			<div>C</div> <div>5000.00</div>		
Name of Employer			Occupation		

**SUBTOTAL** of Receipts This Page (optional) .....

35000.00

**TOTAL** This Period (last page carry total to Line 6) .....

# **SCHEDULE 5-A** **ITEMIZED RECEIPTS**

PAGE 3 OF 6

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NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

<b>A. Full Name (Last, First, Middle Initial)</b> SBA LIST GENERAL TREASURY FUND			Date of Receipt	
Mailing Address 1707 L ST NW STE 550			<div>MM / DD / YYYY</div> <div>02 / 23 / 2012</div>	
City	State	Zip Code	Transaction ID : F56.000006	
WASHINGTON	DC	20036	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			<div>4183.15</div>	
Name of Employer			Occupation	

<b>B. Full Name (Last, First, Middle Initial)</b>			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div>	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			<div></div>	
Name of Employer			Occupation	

<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div>	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			<div></div>	
Name of Employer			Occupation	

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div>	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			<div></div>	
Name of Employer			Occupation	

**SUBTOTAL** of Receipts This Page (optional) .....

4183.15

**TOTAL** This Period (last page carry total to Line 6) .....

39183.15

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 4 OF 6  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee BRAND IMAGING GROUP		Date MM / DD / YYYY 02 / 23 / 2012	
Mailing Address 5358 MT VIEW RD		Amount 11605.22	
City ANTIOCH	State TN	Zip Code 37013	Transaction ID : F57.000001
Purpose of Expenditure BUS WRAP	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee JOHN L PRODUCTIONS		Date MM / DD / YYYY 02 / 23 / 2012	
Mailing Address 143 LAURELWOOD DR		Amount 18000.00	
City PIKE ROAD	State AL	Zip Code 36064	Transaction ID : F57.000002
Purpose of Expenditure BUS RENTAL	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee DELTA		Date MM / DD / YYYY 02 / 23 / 2012	
Mailing Address 1030 DELTA BLVD		Amount 1834.23	
City ATLANTA	State GA	Zip Code 30320	Transaction ID : F57.000003
Purpose of Expenditure AIRFARE	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		31439.45	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 5 OF 6  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee MARK ROEPKE		Date MM / DD / YYYY 02 / 23 / 2012	
Mailing Address 5550 COLUMBIA PIKE #742		Amount 5000.00	
City ARLINGTON	State VA	Zip Code 22203	Transaction ID : F57.000004
Purpose of Expenditure ADVANCE, TRAVEL	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee HOLIDAY INN		Date MM / DD / YYYY 02 / 23 / 2012	
Mailing Address 310 PEARL ST NW		Amount 1548.74	
City GRAND RAPIDS	State MI	Zip Code 49504	Transaction ID : F57.000005
Purpose of Expenditure HOTEL	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee TOWNEPLACE SUITES		Date MM / DD / YYYY 02 / 23 / 2012	
Mailing Address 5683 SOUTH 9TH ST		Amount 879.12	
City KALAMAZOO	State MI	Zip Code 49009	Transaction ID : F57.000006
Purpose of Expenditure HOTEL	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		7427.86	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 6 OF 6  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee STAPLES		Date MM / DD / YYYY 02 / 22 / 2012	
Mailing Address 5110 28TH ST		Amount 38.41	
City GRAND RAPIDS	State MI	Zip Code 49512	Transaction ID : F57.000007
Purpose of Expenditure SUPPLIES	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee THE B.O.B.		Date MM / DD / YYYY 02 / 23 / 2012	
Mailing Address 20 MONROE AVE		Amount 155.20	
City GRAND RAPIDS	State MI	Zip Code 49512	Transaction ID : F57.000008
Purpose of Expenditure MEALS	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee CRACKER BARREL		Date MM / DD / YYYY 02 / 23 / 2012	
Mailing Address 5581 SOUTH 9TH STREET		Amount 122.23	
City KALAMAZOO	State MI	Zip Code 49009	Transaction ID : F57.000009
Purpose of Expenditure MEALS	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J SANTORUM		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		315.84	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)		39183.15	